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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/392842

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	=	Total
Basic Filing Fee	<u>201/101</u>					
Total Claims >20	<u>203/103</u>	<u>88</u>	-20 = <u>68</u>	X		<u>760</u> = <u>760</u>
Independent Claims >3	<u>202/102</u>	<u>4</u>	-3 = <u>1</u>	X		<u>18</u> = <u>1224</u>
Mult Dep.Claim Present	<u>204/104</u>					
Surcharge	<u>205/105</u>					
English Translation	<u>139</u>					

TOTAL FEE CALCULATION 2192

Fees due upon filing the application:

Total Filing Fees Due = \$ 2192.00

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 2192.00

Wally Ode
Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 4, 1998

BEST AVAILABLE COPY

Application or Docket Number

09/392842

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	88	minus 20 = * 68
INDEPENDENT CLAIMS	4	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE OR

OTHER THAN
SMALL ENTITY

RATE	FEES
	380.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEES
	760.00
X\$18=	1224
X78=	72
+260=	
TOTAL	2066

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.